

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595455

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1		
2		1	1	1		
3	2	2	1	1		
4	1	1	1	1		
5	1	1	1	1		
6	1	1	1	1		
7	1	1	1	1		
8	1	1	1	1		
9	2	2	1	1		
10	1	1	1	1		
11	1	1	1	1		
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						